

PNEUMOCOCCAL CONJUGATE VACCINE

WHAT YOU NEED TO KNOW

1 Why get vaccinated?

Pneumococcal disease is a serious disease that causes sickness and death. In fact, pneumococcal disease is responsible for about 200 deaths each year among children under 5 years old.

Pneumococcal disease is the leading cause of bacterial meningitis in the United States. (Meningitis is an infection of the covering of the brain). Each year pneumococcal disease causes many health problems in children under 5, including:

- over 700 cases of meningitis,
- 17,000 blood infections, and
- about 5 million ear infections



Children under 2 years old are at highest risk for serious disease.

Pneumococcus bacteria are spread from person to person through close contact.

Pneumococcal infections can be hard to treat because the disease has become resistant to some of the drugs that have been used to treat it. This makes prevention of the disease even more important.

Pneumococcal conjugate vaccine can prevent pneumococcal disease.

2 Pneumococcal vaccine

Pneumococcal conjugate vaccine is licensed for infants and toddlers. It is good at preventing pneumococcal disease among these children, and also helps stop the disease from spreading from person to person.

The vaccine's protection lasts at least 3 years. Since most serious pneumococcal infections strike children during their first 2 years, the vaccine will protect them when they are at greatest risk.

Some older children and adults may get a different vaccine called pneumococcal polysaccharide vaccine. There is a separate Vaccine Information Statement for people getting the pneumococcal polysaccharide vaccine.

3 Who should get the vaccine and when?

• Children Under 2 Years of Age

All healthy infants and toddlers should get 4 doses of Pneumococcal conjugate vaccine:

- One dose at 2 months of age,
- One dose at 4 months of age,
- One dose at 6 months of age, and
- One dose at 12-15 months of age,

Children who miss the first dose at 2 months should still get the vaccine. Ask your health care provider for details.

• Children Between 2 and 5 Years of Age

Pneumococcal conjugate vaccine is recommended for children between 2 and 5 years of age who:

- have sickle cell disease,
- have a damaged spleen or no spleen,
- have HIV/AIDS,
- have other disease that affect the immune system, such as diabetes or cancer, or
- take medications that affect the immune system, such as chemotherapy or steroids.

This vaccine should also be considered for all other children between 2 and 5 years of age, but particularly those who:

- are under 3 years of age,
- are of Alaska Native, American Indian or African American descent, or
- attend group child care.

The number of doses needed depends on the age that vaccination begins. Ask your health care provider for more details.

Pneumococcal conjugate vaccine may be given at the same time as other childhood vaccines.

Pneumococcal Conjugate (Interim) - 7/18/2000

Some people should not get Pneumococcal conjugate vaccine or should wait

Children should not get pneumococcal conjugate vaccine if they had a severe (life-threatening) allergic reaction to a previous dose of the vaccine.

Children who are moderately or severely ill at the time the shot is scheduled should wait until they recover before getting the vaccine. Children with minor illnesses, such as a cold, *may* be vaccinated.

5 What are the risks from Pneumococcal conjugate vaccine?

In clinical trials, pneumococcal conjugate vaccine was associated with only mild reactions:

- Up to 3 out of 10 children had redness, tenderness, or swelling where the shot was given.
- About 1 out of 10 had a mild fever.

However, a vaccine, like any medicine, could cause other serious problems, such as a severe allergic reaction. The risk of this vaccine causing serious harm, or death, is extremely small.

6 What if there is a moderate or severe reaction?

What should I look for?

Look for any unusual condition, such as a serious allergic reaction, high fever, unusual behavior.

If a serious allergic reaction occurred, it would happen within a few minutes to a few hours after the shot. Signs of a serious allergic reaction can include:

- | | |
|--------------------------|------------------------------|
| - difficulty breathing | - weakness |
| - hoarseness or wheezing | - a fast heart beat |
| - hives | - dizziness |
| - paleness | - or swelling of the throat. |

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to file a Vaccine Adverse Event Reporting System (VAERS) form, or call the VAERS toll-free number yourself at 1-800-822-7967.

7 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department's immunization program.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-2522 (English)
 - Call 1-800-232-0233 (Español)
 - Visit the National Immunization Program's website at <http://www.cdc.gov/nip>



U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Disease Control and Prevention
National Immunization Program

Vaccine Information Statement (Interim)
Pneumococcal Conjugate Vaccine

7/18/00



Texas Department of Health
Addendum to Pneumococcal Conjugate Vaccine Information Statement

1. I agree that the person named below will get the vaccine checked below.
2. I received or was offered a copy of the Vaccine Information Statement (VIS) Pneumococcal Conjugate.
3. I know the risks of Pneumococcal Conjugate.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the diseases, the vaccine, and how the vaccine is given.
6. I know that the person named below will have the vaccine put in his/her body to prevent pneumococcal disease.
7. I am an adult who can legally consent for the person named below to get the vaccines. I freely and voluntarily give my signed permission for this vaccine.

Vaccine to be given: ☐ Pneumococcal Conjugate

Information about person to receive vaccine (Please print)					
Name: Last		First	Middle-Initial	Birthdate	Age
Address: Street		City	County	State TX	Zip
Signature of person to receive vaccine or person authorized to make the request (parent or guardian):					
x _____				Date _____	
_____				Date _____	
Witness					

For Clinic/Office Use: Clinic/Office Address:
Date Vaccine Administered:
Vaccine Manufacturer:
Vaccine Lot Number:
Site of Injection:
Signature of Vaccine Administrator:
Title of Vaccine Administrator:

Texas Department of Health
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CDC VIS (Interim) 7/18/2000

CONSENT FOR THE TEXAS DEPARTMENT OF HEALTH STATE-WIDE IMMUNIZATION REGISTRY, ImmTrac

1. I authorize the placement of my child's demographic information and immunization record into the Texas Department of Health's Immunization Registry.
2. I authorize the Texas Department of Health's Immunization Registry to release past, present, and future immunization records on my child to a parent and any of the following:
 - A) public health district;
 - B) local health department;
 - C) physician to the child;
 - D) schools in which the child is enrolled; and/or
 - E) child care facility in which the child is enrolled.
3. I understand I may withdraw the consent to place information on my child in the immunization registry and my consent to release information from the registry at any time by written communication to the Texas Department of Health, Immunization Registry, 1100 W. 49th Street, Austin, Texas 78756.
☐ **Yes. Add my child's information into the Texas Department of Health, Immunization Registry.**
☐ **No. Do Not add my child's information into the Texas Department of Health, Immunization Registry.**

Signature of parent, guardian, or managing conservator

Date of signature

Instructions: Store the parental consent statement in the patient's chart.
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